

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12944

State File No.

FILED APR 14 1953

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 9

1. PLACE OF DEATH a. CITY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR R.F.D. Miami, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR R.F.D. Miami, Mo. 0970	
c. LENGTH OF STAY (in this place) 82 1/2 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Theodore c. (Last) Wycoff		4. DATE OF DEATH (Month) (Day) (Year) April, 9th, '53	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 28-1870
9. AGE (In years last birthday) 82		10. MONTH (Day) (Year) 6 17	11. IF UNDER 1 YEAR 12. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY no	
11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Mo. C		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME Don't know Wycoff		13b. MOTHER'S MAIDEN NAME Don't know Smalley		14. NAME OF HUSBAND OR WIFE no wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Catharine Wycoff ADDRESS R.F.D. Miami	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aggravated Pneumonia</i> (b) <i>Cancer of face</i> (c) <i>Fracture right leg</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Open. Nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hr</i> <i>6 hr</i> <i>3 yr</i> <i>7 yr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <i>3 yr</i>		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <i>Saline Mo. RFD 1</i> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3 yr</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fall on floor</i>	
22. I hereby certify that I attended the deceased from <i>Apr 3</i> , 19 <i>53</i> , to <i>Apr 6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-3</i> , 19 <i>53</i> , and that death occurred at <i>3</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>H. E. Lockwood M.D.</i> (Degree or title)		23b. ADDRESS <i>Saline Mo.</i>		23c. DATE SIGNED <i>4/10/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Apr. 11/1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Harris Cemetery</i>	
24d. LOCATION (City, town, or county) <i>R.F.D. Saline, Mo.</i> (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <i>Hill Brothers, Saline, Mo.</i> ADDRESS		24f. DATE REC'D BY LOCAL REG. <i>4/14/53</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision _____

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3090

P. O. Address State Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.